PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

021125

7590

02/09/2005

NUTTER MCCLENNEN & FISH LLP WORLD TRADE CENTER WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604

05/09/2005 BABRAHA2 00000007 10032296

01 FC:1501 02 FC:1504 1400.00 DP 300.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name	LISA J. MICHAUD
(Signature	Tutto
(Date	Mare 4,2005
	3-1-1-1

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 102863-16 6368 10/032,296 12/21/2001 Partis S. Wellman

TITLE OF INVENTION: EXPANDABLE INTRACARDIAC RETURN ELECTRODE AND METHOD OF USE

EXAMINER							
EXAMINER ART UNIT CLASS-SUBCLASS MANUEL, GEORGE C 3762 607-129000 1. Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address from PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address from PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address from PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address from PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence Address from PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence address (01) attached. Use of a Customer PTO/SBJ (22) attached. The change of correspondence address (or Change of Correspondence address (or Change of Correspondence address (02) attached. The change of correspondence address (or Change of Correspondence address (03) attached. The change of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a single firm (having as a member a capetal statement of a special statement of a special statement of a single firm (having as a member a capetal statement of a special statement of a special statement of a	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address from PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) FLAT CON, TNC, Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual □ Corporation or other private group entity □ Gov 4a. The following fee(s) are enclosed: □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies □ Publication Fee (No small entity status. See 37 CFR 1.27. □ b. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attenment at a shown by the records of the United States Patent and Trademark Office.	nonprovisional	NO	\$1400)	\$300	\$1700	05/09/2005
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Full Content of the Complete of th	EXAN	MINER	ART UN	IT	CLASS-SUBCLASS]	
(1) the names of up to 3 registered patent attorneys or agents OR, large of correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents OR, largent) and the names of up to 2 listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) **ETHICON, INC.** Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov 4a. The following fee(s) are enclosed: **Description of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abov NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	MANUEL,	GEORGE C	3762		607-129000	,	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) **ETHICON, INC.** Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov 4a. The following fee(s) are enclosed: **Publication Fee (No small entity discount permitted) Advance Order - # of Copies Pepsit Account Number Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. Payment by credit	CFR 1.363). Change of correspond	dence address (or Change of	`	(1) the na or agents	mes of up to 3 registered pater OR, alternatively,	at attorneys	nnen \$ Fish, LLI
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SOMEYVILLE, NEW JERSEY Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov 4a. The following fee(s) are enclosed: Ab Payment of Fee(s): A check the appropriate assignee category or categories (will not be printed on the patent): The following fee(s) are enclosed: Payment of Fee(s): A check the appropriate assignee category or categories (will not be printed on the patent): The payment of Fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpay peposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a A pplicant claims SMALL ENTITY status. See 37 CFR 1.27. b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	"Fee Address" indica PTO/SB/47; Rev 03-02	tion (or "Fee Address" Indica	ation form e of a Customer	registered 2 registere	attorney or agent) and the named patent attorneys or agents. If	es of up to	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SOME VILLE, NEW JERSEY Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abov. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the patent. If an assign for filing an assignment.	ee is identified below, the o	document has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual	(A) NAME OF ASSIGN	EE	(B) RESIDENO	CE: (CITY and STATE OR COL	JNTRY)	
4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies	ETHICO	N, INC.			Somervill	E, NEW JE	RSEY
A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies	Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	eatent): 🔲 Individual 🚨 Co	orporation or other private gr	oup entity Government
Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):		
Advance Order - # of Copies	Sue Fee		*	A check	in the amount of the fee(s) is en	closed.	
Deposit Account Number	Publication Fee (No s	small entity discount permitte	ed)	Payment	by credit card. Form PTO-2038	is attached.	•
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	Advance Order - # of	f Copies		The Direction Deposit Acc	ector is hereby authorized by clount Number	harge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.	5. Change in Entity Status	(from status indicated above	e)				
interest as shown by the records of the United States Patent and Trademark Office.	a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).
Man II - soit	The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu sublication Fee (if required) words of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if and I from anyone Office.	y) or to re-apply any previously e other than the applicant; a regi	y paid issue fee to the applications years attorney or agent; or to	ation identified above. he assignee or other party in
Authorized Signature Date 1005 Typed or printed name Lish T. MicHAUD Registration No. 44, 238	Authorized Signature	Lisa T	Micha	(I)	Date Ma	44 2 2	38

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

	Effec	tive on 12/08/2004				Comp	plete if Know	n	
	Fees pursuant to the Consoli			R. 4818). A	oplication Num	iber 1	0/032,296-Cd	onf. #6368	
	FEE TR	ANSM	ITTAL	Fi	ling Date		ecember 21,	2001	
					rst Named Inv	entor F	Rajesh Pendel	kanti	
E	F0	r FY 200	<u> </u>	E	caminer Name	0	S. Manuel		
4	Applicant claims sn				t Unit		762		
6 2005	TOTAL AMOUNT OF PA	AYMENT	(\$) 1,700.0	0 At	torney Docket I	No.	02863-0016		
0 <u>2</u> 005	METHOD OF PAYME	NT (check all t	hat apply)						
ax.	X Check Credit	Card N	Ioney Order	None	Other (please identi	fy):		
EMAPH.	Deposit Account D	eposit Account Numb	er: 141449 c	eposit Account	Name:	Nutter	McClennen &	Fish LLP	
	For the above-ide	entified deposit a	account, the D	irector is he	reby authorize	d to: (check	call that apply)		
	Charge fee	(s) indicated bel	ow		Charge	e fee(s) indi	cated below, ex	cept for th	e filing fe
		additional fee(s		ment of	x Credit	any overpa	yments		
	FEE CALCULATION								
	1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEI	S	-				
			G FEES	SEAR	CH FEES	EXAMIN	ATION FEES		
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM FEES	3							Small Ent
	Fee Description							Fee (\$)	<u>Fee (\$)</u>
	Each claim over 20 (incl							50	25
	Each independent claim		ig Reissues)					200	100
	Multiple dependent clain			Fac Dais	1 (6)		ukinia Dananda	360	180
	<u>Total Claims</u> <u>Ext</u> 20 - 20 =	<u>ra Claims</u> <u>F</u> x	ee (\$)	Fee Paic	(\$)		iltiple Depende (\$)	Fee Paid (\$	١
		^ _		<u> </u>		100	7777 :	001 010 14	•
	Indep. Claims Ext	ra Claims F	ee (\$)	Fee Paic	l (\$)				_
	4 -4=	x	-						
	3. APPLICATION SIZE F					~.	•		
	If the specification and listings under 37 CF	drawings excee	d 100 sheets o	it paper (exi	cluding electro \$250 (\$125 f	onically file or small en	ed sequence or	computer dditional 50	ı
	sheets or fraction the	ereof. See 35 U	.S.C. 41(a)(1)	(G) and 37	CFR 1.16(s).	or sman en	inty) for cucir as	aditional 50	
	Total Sheets	Extra Sheets			ional 50 or frac	tion thereof	Fee (\$)	Fee F	aid (\$)
			/50	(ro	und up to a who	le number) >		=	
	- 100 =	4. OTHER FEE(S)							
	4. OTHER FEE(S)								
	4. OTHER FEE(S) Non-English Specific	ation, \$130 fee	e (no small en	ity discoun	t)			1 40	00 00
	4. OTHER FEE(S)	surcharge). 15	e (no small en 501 Utility iss 504 Publication	ue fee		ıry, or norr	mal	,	00.00 0.00
	4. OTHER FEE(S) Non-English Specific	surcharge). 15	01 Utility iss	ue fee on fee for e	early, volunta	ıry, or norr	mal	,	
	4. OTHER FEE(S) Non-English Specific Other (e.g., late filing	surcharge). 15	01 Utility iss	ue fee on fee for e		44,238	mal Telephone	,	0.00